Spotlight: Opioid Response Coordinators (ORCs)

Background

In Alberta, the engagement and response of primary care physicians, their teams and Primary Care Networks (PCNs) is essential to address the opioid crisis and the systemic issues contributing to the crisis. Three zones: North, Edmonton and Central, implemented a new Opioid Response Coordinator (ORC) role as a strategy to engage front line providers to advance PHC ORI grant activities and promote new approaches to opioid related care. In the North zone (NZ), the mode of delivering support for primary care was largely driven by local physicians. Interested PCNs were provided with a grant funded ORC. An in-depth evaluation of the ORC role was conducted in the NZ in December 2019. Nine ORCs participated in surveys and focus group discussions and two physicians were interviewed to identify successes of the ORC role, the elements contributing to their success and the challenges.

Where did ORCs experience the most success?

Physician engagement and dissemination of PHC ORI information to build clinic capacity: ORCs were able to effectively engage and connect with front line providers and their teams to disseminate PHC ORI information, share available tools and resources, communicate training and learning opportunities and provide offers of support to improve opioid related care. Sharing their knowledge and training with physicians, clinic teams and community organizations created a common understanding of opioid related care within communities. ORCs were the local capacity building enthusiasts, facilitating discussions about opioids and harm reduction approaches, encouraging physicians to enroll in OAT training, creating inventories of community resources, and helping to clearly identify gaps in services and challenges accessing care. The ORC role was extremely valuable to newly trained physicians who need support locating and accessing information and resources to build their knowledge, confidence, experience and expertise.

"She (ORC) is a wealth of knowledge…She knows which things she wants to use for the screening tools and where to find them." (Family physician)

Building connections and capacity in the community: ORCs engaged and built partnerships with front line providers in the community to further connect social and community agencies supporting individuals with/at risk of OUD with PHC ORI resources and primary care. Partnering with community organizations and engaging them in collaborative discussions helped to identify and address gaps in services and challenges accessing care. Seasoned physicians, familiar with prescribing OAT, found the ORC role equally valuable but focused more on the assistance ORCs could provide to connect patients to the added supports and services that are often needed to address additional issues related to the social determinants of health.

Increasing Access to Treatment: opening up opportunities for communication among primary care, pharmacies, social assistance programs, and other community agencies resulted in expediting the approval process for individuals seeking treatment to get them access to emergency funding for medication in a day rather than a week. In addition, conversations including pharmacists allowed physicians to become familiar with pharmacies willing to waive dispensing fees. Both these outcomes in the NZ are increasing access to treatment.

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What elements enabled ORCs to be effective and successful?

Existing relationships: Most ORCs were working in other roles and had existing relationships with the PCN, physicians and clinic staff. Leveraging those established and trusted relationships allowed ORCs to get face time with physicians which can be difficult. While ORCs were not always successful at achieving buy-in from physicians, they were familiar faces armed with knowledge and were readily available for physicians, clinic staff and other health professionals to answer questions. ORCs noted greater success with clinics/physicians where they could leverage their relationships with quality improvement staff and family practice nurses that could further promote the initiative. Familiarity with community organizations also helped facilitate the flow of information as well as patients to and from primary care.

Training and opportunities to participate in collaborative engagement sessions: The numerous ORC training opportunities, provided at both provincial and zonal levels, increased their understanding of opioid related care and promoted their confidence to approach physicians. The interactive trainings and information sessions with physicians, harm reduction specialists, family practice nurses, and individuals with lived experience gave them an opportunity to prepare for difference scenarios. In addition, provincial meetings helped them situate and align their work with provincial objectives and goals.

Good working relationships with local physician champions: Guidance and advocacy from experienced physicians was a key to advancing the work in many communities. ORCs were able to lean on their physician champion for advice in their approach with physicians with challenging attitudes and in return physician champions were able to gain a better understanding through the ORCs of the challenges the local and surrounding communities were facing.

What challenges were faced by ORCs?

Limited FTEs and large geographic areas: ORCs and physicians both indicated that the small FTE's provided under this grant may have placed limitations on what was possible for advancing the work. Multi-tasking and prioritizing work in their other roles meant that, at times, the duties and progress of the opioid related work was delayed. In addition, successfully getting physicians to "buy-in" takes time and does not necessarily happen during the first encounter. In many cases, ORCs felt there was greater success in more accessible communities where they spend the majority of their time. Physicians working in clinics that are located hours away were difficult to get face-to-face time with and often ORCs were only able to connect with them once. Reaching out to physicians is even more challenging in remote communities where physicians may alternate with one another e.g. physicians working on a rotating monthly basis which lengthens the time needed to connect.

"You can't build any kind of relationship doing that kind of hit and miss." (ORC)

Overcoming stigma and stereotyping: Overcoming the stereotypical image of patients with/at risk of OUD was one of the ORCs greatest challenges. Many physicians declined offers of support because they simply did not feel they had patients on their panels that would need opioid related support or care. Others were not open to receiving support, feeling they do not have the time necessary to address the complex needs of patients with OUD.

Physicians lacked confidence to put education into practice: Next to stigma, ORCs felt that physicians lacked confidence to apply the education offered in their trainings into practice. Most ORCs indicated that there was a lot of focus on the clinical aspect of OUD but not enough support offered to deal with the human side of individuals with OUD. Initiating conversations seemed to be what physicians struggled with the most and often leaned on their ORCs, who had the credentials to provide patient care, to take on that part of the process.

Limitations on time for implementation: At the time of the evaluation, ORCs who had been in the role for 7-12 months indicated they were just starting to feel confident in their role and were starting to see the results of their work. The topic of opioids and opioid-related care is a complex, sensitive issue that is not always well received. The time needed to move this kind of work forward is an important consideration for setting realistic expectations of what can be achieved. Trust and relationship building takes time and the consensus among the ORCs was that without the existing relationships, advancing a physician response to opioid related care would have been much more difficult.

"It's a very valuable service…it still hasn't totally realized its potential." (Family physician)